

Substitute for form 1449/PTO				<i>Complete If Known</i>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Application Number	10/757,939
(Use as many sheets as necessary)				Filing Date	January 16, 2004
Sheet	1	of	1	First Named Inventor	Craig Hansen
				Art Unit	2181
				Examiner Name	Jesse R. Moll
				Attorney Docket Number	043876-0153

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	1	Control No. 95/000,100 Reexamination Certificate issued 02/02/10	<input type="checkbox"/>
	2	Control No. 90/007,583 Notice of Intent to Issue Ex Parte Reexamination Certificate 01/15/10	<input type="checkbox"/>
	3	Serial No. 11/878,804 Non-final office action mailed 01/27/10	<input type="checkbox"/>
	4	Serial No. 11/878,814 Notice of Allowance mailed 01/08/10	<input type="checkbox"/>
	5	Serial No. 11/878,814 Notice of Drawing Inconsistency with Specification 01/28/10	<input type="checkbox"/>
	6	Serial No. 11/878,814 Response to Notice of Drawing Inconsistency 02/18/10	<input type="checkbox"/>
	7	Serial No. 11/878,814 Response to Rule 312 Communication 03/01/10	<input type="checkbox"/>
			<input type="checkbox"/>

Examiner Signature		Date Considered
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.